

(1) PLACE OF BIRTH

County of Boulton
 Township of Boulton
 or
 Inc. Town of Boulton
 or
 City of Boulton

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. - For State Registrar Only

9987

Registration District No. 4.0.1. Registered No. 4.4.
 (For use of Local Registrar)

St. Ward
 (No.)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

If child is not yet named, make supplemental report as directed

(2) Full Name of Child

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>Apr 9 1922</u>
FATHER.			MOTHER.	
(8) FULL NAME <u>Marion Morris</u>			(14) NAME BEFORE MARRIAGE <u>Addie Croft</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Blount</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Blount</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY (Years) <u>29</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY (Years) <u>26</u>	
(12) BIRTHPLACE <u>Blount Co. S.C.</u>			(18) BIRTHPLACE <u>Blount Co. S.C.</u>	
(13) OCCUPATION <u>My mother is a teacher</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>1.6</u>			(21) Number of children of this mother now living, including present birth <u>1.6</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11:00 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
J. C. Hatcher M.D.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

19
 Registrar

(27) Filed

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(28)

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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